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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *Name AH*\*\* FOREIGN APPLICATIONS \*\*\*\*\* *Name AH*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 03/17/1998

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY WA	SHEETS DRAWING 5	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Met after allowance <i>Yes</i> <i>Yes</i> <i>Yes</i> <i>Yes</i>				
Verified and Acknowledged	Examiner's Signature <i>W. S. S. M. AH</i>	Initials <i>AH</i>		

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## TITLE

METHOD AND APPARATUS FOR VOICE MAIL SHARING BETWEEN WIRED AND WIRELESS TELEPHONES

FILING FEE  RECEIVED 1224	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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